

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

CARL  
ROBINSON

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

CITY CLERK DEPT.  
05 APR - 7 PM 5:15

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

10732 TEXARKANA  
EL PASO, TX 79924

5 CANDIDATE /  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 821-8798

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

RALPH  
ROMAN

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4901 CHESTERFIELD EL PASO, TX 79903

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 562 6565

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

4 / 7 / 05

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 7 / 05

ELECTION TYPE

☐ Primary

☐ Runoff

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

CITY COUNCIL, DISTRICT 4

14 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

CARL L. ROBINSON

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 100.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 100.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 45.00

4. TOTAL POLITICAL EXPENDITURES

\$ 1465.06

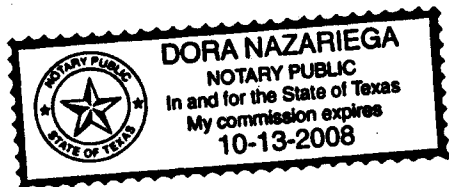
CONTRIBUTION  
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ —

OUTSTANDING  
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ —

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carl L. Robinson, this the 7th day  
of April, 2005, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

CARL L. ROBINSON

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/2/05

5 Payee name

APPAREL ENTERPRISES

6 Payee address;

City; State; Zip Code

8 Amount  
(\$)

\$893.06

7 Purpose of expenditure (See instructions regarding type of information required.)

CAMPAIGN SIGNS

☒ Reimbursement  
from political  
contributions  
intended

Date

3/18/05

Payee name

THE PRODUCTION HOUSE

Payee address;

City; State; Zip Code

Amount  
(\$)

\$154.00

6455 HILLER ST # A-8 79925

Purpose of expenditure (See instructions regarding type of information required.)

ADVERTISEMENT

☒ Reimbursement  
from political  
contributions  
intended

Date

3/25/05

Payee name

ORO TEMPLE #9

Payee address;

City; State; Zip Code

Amount  
(\$)

\$65.00

Purpose of expenditure (See instructions regarding type of information required.)

ADVERTISEMENT

☒ Reimbursement  
from political  
contributions  
intended

Date

3/26/05

Payee name

NE CIVIC LEADERS COUNCIL

Payee address;

City; State; Zip Code

Amount  
(\$)

\$45.00

Purpose of expenditure (See instructions regarding type of information required.)

ADVERTISEMENT

☒ Reimbursement  
from political  
contributions  
intended

Date

4/7/05

Payee name

THE PRODUCTION HOUSE

Payee address;

City; State; Zip Code

Amount  
(\$)

\$308.00

6455 HILLER ST # A-8 79925

Purpose of expenditure (See instructions regarding type of information required.)

☒ Reimbursement  
from political  
contributions  
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**PAYMENT FROM POLITICAL CONTRIBUTIONS  
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule H:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Business name**7** Amount  
(\$)**6** Business address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9** .. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

CARL L. ROBINSON

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/29/05

5 Full name of contributor

☐ out-of-state PAC (ID#)

YOLANDA S. ARMENDARIZ

7 Amount of  
contribution (\$)

\$25.00

8 In-kind contribution  
description (if applicable)

6 Contributor address; City; State; Zip Code

245 S. COLLINGSWORTH 79905

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/30/05

Full name of contributor

☐ out-of-state PAC (ID#)

RICHARD DIAZ

Amount of  
contribution (\$)

\$25.00

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

3612 AMBER 79904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/4/05

Full name of contributor

☐ out-of-state PAC (ID#)

ELLISON BEASLEY

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

109 LAGO LINDO DR 79928

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**PLEDGED CONTRIBUTIONS****SCHEDULE B**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒

\$

5 Date

6 Full name of pledgor

☐ out-of-state PAC (ID# \_\_\_\_\_)8 Amount of  
pledge (\$)9 In-kind description  
(if applicable)

7 Pledgor address;      City;   State;   Zip Code

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID# \_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address;      City;   State;   Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID# \_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address;      City;   State;   Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID# \_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address;      City;   State;   Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID# \_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address;      City;   State;   Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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